

**AGENCY NAME: UNITED CEREBRAL PALSY OF QUEENS, INC., D/B/A
QUEENS CENTERS FOR PROGRESS
SCHOOL RE-OPENING PLAN**

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BEDS Code: 111665821

Administrative Address: 81-15 164 Street, Jamaica, NY 11432

Program Site Address: 82-25 164 Street, Jamaica, NY 11432

Program(s) provided at this site:

4410 Pre-school Special Education:
Special Class
Special Class in an Integrated Setting
Multi-Disciplinary Evaluations
Universal Prekindergarten

Contact Person (Name, Title): Nancy Glass, Director of Children's Services and Cindy Heller, Assistant Director of Children's Services

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Website where this plan and plan updates will be posted: <https://www.queenscp.org>

INTRODUCTION

This plan was developed to conform to the guidance provided by the New York State Education Department (NYSED) in their July 2020, document entitled *Recovering, Rebuilding, and Renewing: The Spirit of New York's Schools – Reopening Guidance*. This plan will be revised and updated as needed to adjust to changing public health conditions caused by the COVID-19 virus and all of the new requirements and regulations which may emerge over time. We solicited input and involvement from the families we serve and our staff during the original drafting of our re-opening plan. We will rely on continued input from all stakeholders as we move forward implementing this plan and as we contemplate any additions or modifications.

We know our program must be as flexible and as responsive as possible to the needs of our students, families, staff members. We will closely monitor the conditions of our community as the COVID 19 pandemic continues and the effectiveness and appropriateness of our plan. Be

assured that nothing has changed our sincere commitment to our students and our determination to provide the highest possible quality of educational programming and related services even during these difficult times.

The goal of the plan is to guide the delivery of high-quality educational services as safely as possible whether that service delivery is in-person, through a remote learning platform or a hybrid combination of remote and in-person services. Our focus and concerns extend to the social and emotional needs of our students, families and staff. By diligently working together and remaining focused on the outcomes we desire, we can find solutions to the many challenges ahead.

Our plan includes all the required elements identified by NYSED and follows the structure of the guidance by addressing the following areas as they apply to our students with disabilities and their families:

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Any suggestions, concerns and/or questions about our plan should be directed to the contact persons identified at the beginning of this document.

NOTE: *There will be modifications to this plan as guidance changes and the COVID-19 situation evolves.*

A. COMMUNICATION/FAMILY AND COMMUNITY ENGAGEMENT

1. The following participants were involved in the Reopening Plan’s creation by offering suggestions, comments, ideas, and may be involved in any possible future revisions:
 - Administrators: Director of Children’s Services, Assistant Director of Children’s Services
 - Supervisors: Education, Speech Therapy, Occupational Therapy, Physical Therapy
 - Coordinators: Coordinator of Classroom Aides and Teaching Assistants, School Support Coordinator

- Medical Department: School Nurses, School Pediatrician
 - Special Education Teachers and Clinicians via their Supervisors
 - Families of Current Students and Incoming Students on the Family Schedule Needs Survey
 - Agency Administrators: CEO, Director of Fiscal Services, Director of Facilities, Director of Quality Assurance, Director of IT
 - Affiliated Organizations: Interagency Council of Developmental Disabilities, NYC Coalition for Children with Special Needs, CP of NYS
2. We consistently communicate with and provide information to each of the following groups, as indicated below:
- Students: As our students are preschoolers **and most** with special needs, N/A
 - Families: We pride ourselves with partnering with our families in the education of their children. Our teachers and clinicians have continual communication with their students' families via conferences, phone calls, texts, emails. These communication lines have been strengthened during the COVID-19 crisis. Our Reopening Plan will be posted on our website. Families are encouraged to reach out to our school Directors as the need arises. We have **eighteen** bilingual staff who speak **thirteen** different languages, besides English, to interpret and translate for our families.
 - Staff: Our Supervisors meet weekly with the school Directors, who then disseminate relevant information to their departments. Staff is always encouraged to speak directly to Directors.
 - Visitors: Appropriate signage will be posted for visitors.
3. We will ensure that all students and staff are taught or trained how to follow each of the following COVID-19 protocols safely and correctly.
- Hand hygiene: Our school has always promoted hand hygiene to prevent the spread of disease. Students and staff are taught the correct method of hand hygiene. Signs are posted in the children's bathrooms. There will be time in the schedule to allow for frequent hand washing, including upon entering the building, after using the restroom, after changing diapers, before and after preparing food, before meals and after if needed, after recess, after using shared objects or surfaces (e.g., electronic devices, writing utensils) and other times as appropriate. We provide adequate facilities for hand washing, which include soap, paper towels and trash bins for disposal of paper towels, and hand sanitizer throughout common areas, (e.g. entrances), **in classrooms** and near high touch surfaces (e.g., time clocks). We utilize traditional hand washing protocols (wet hands, apply soap, lather for a minimum of 20 seconds, rinse hands, dry hands) as the preferred method; and use alcohol-based hand sanitizers (60% alcohol or greater) when soap and water are not available, and hands are not visibly dirty. Adults supervise student use of alcohol-based hand sanitizer. Signage is placed near hand sanitizer dispensers indicating visibly soiled hands should be washed with soap and water. The students or staff who are unable to use alcohol-based hand sanitizers for health reasons are always given access to wash their hands with soap and water. As hand sanitizers contain alcohol and are flammable, alcohol-based hand sanitizer dispensers

are permitted to be installed in rooms and corridors in limited quantities in accordance with FCNYS 2020 Section 5705.5.

- Proper face covering wearing: All staff and visitors must wear a face covering. Face coverings are required in hallways, in classrooms, in therapy areas, in the playground, in restrooms. All students are (to the extent possible) required to wear face coverings. We will provide face coverings to employees and students as needed, and have an adequate supply in case of need for replacement. Staff can wear their own acceptable face coverings. Bandanas are not acceptable. Face coverings are needed even if wearing face shields. **Best practice is for staff to have two face coverings: one for commuting to school and one to wear on site. Masks can be stored in school in an airtight bag or container.** Face coverings for adults are not needed when eating, if alone in a private office, if one is having trouble breathing or is unconscious. Face coverings may be challenging for our young students with special needs. Students will not wear them if they are unable to remove the face covering without assistance, when napping, when eating, or where the covering would present a challenge, distraction or obstruction to education services. **As a substitute, we will provide face shields for students who will not/cannot wear a face covering. A plan will be devised for any student who does not/cannot wear a face covering.** We will instruct students, families and staff on the proper way to wear face coverings and to wash hands before putting on and after removing face coverings. We will instruct families and staff on the proper way to discard disposable face coverings, the importance of routine cleaning of reusable face coverings, and that face coverings are for individual use only and should not be shared. This will be done via in-service's, classroom instruction, written materials to families.
- Social distancing: We require social distancing of a six-foot space between adults at all times within our school and school grounds, and (to the extent possible) for our students. We have made many accommodations to facilitate this requirement. We will have **two** entry points to the building to allow social distancing, rather than funneling all through the same entry space. (We will still follow all safety requirements that all entrances are monitored and are locked after use.) We will be more flexible about arrival and pick-up times for students who are being brought to school by their families. Staggered use of the staff bathrooms will be via only having up to three adults using the first floor women's bathroom at any one time, and all other adult bathrooms limited to one person at a time. Visual aids (e.g., tape markings at six-foot intervals) will be used to illustrate traffic flow into the building and by the time clocks. The staircase closer to Union Turnpike will be an "up" staircase and the staircase closer to Grand Central Parkway will be a "down" staircase; clearly marked by signage. The large elevator will be limited to two students and two staff from one "cohort" classroom, or one student with a non-classroom staff or two adults. The small elevator to one adult and one student. Staff will be encouraged to use the exterior ramp when going down from the 2nd floor to the 1st floor. All department, school-wide and supervisors' meetings, trainings, orientations, parent conferences, team meetings, staffings will be conducted via a virtual format. There will be no student assemblies, shows, gatherings. Visitors will not be allowed in the school, unless mandated by regulations or safety (e.g., fire department, repair people). Packages and deliveries will be left on the front patio.

We acknowledge that it might be unrealistic to expect our preschool students with disabilities to be able to socially distance at all times due to limited maturity and cognitive, social-emotional and physical limitations. In addition, our preschoolers do not use desks, but group tables to allow for age-appropriate instruction. However, it will remain our goal and intent. We have made many accommodations to facilitate this requirement. **We acknowledge that usually one staff member and one child will be paired together and will not be socially distanced from one another.** We will ensure that our students are in groupings as static as possible by having the same “cohort” of students stay together with the same staff each day. Windows will be open to improve ventilation, unless health risks (e.g., severe allergies) or extreme inclement weather. During singing activities, children will be positioned more socially distanced and robust singing of staff and students will be discouraged. Individual student belongings will be kept in assigned cubbies. We will limit use of shared supplies to one classroom; students will have their own designated art supplies or items that cannot be cleaned easily (e.g., crayons, markers, scissors). Classrooms will all be assigned their own bathroom. Classroom staff will remain in the classroom throughout the day and are required (to the extent possible) to socially distance throughout the day. When classroom staff are not wearing masks (e.g., eating food), social distancing is crucial. For therapies, speech and (most) occupational therapy will take place in the child’s assigned classroom, with a limited number of assigned clinicians. There will be three PT and **two** OT/PT treatment rooms, allowing children to be in classroom-specific therapy areas. The playground will be limited to one class at a time.

- Respiratory Hygiene: As COVID-19 virus spreads from person to person in droplets produced by coughs and sneezes, students and staff must cover their mouths or noses with a tissue when coughing or sneezing and dispose of the tissue appropriately. A supply of tissues and floor pedal trashcans are available for all classrooms, and offices as needed. If no tissue is available, staff and students are instructed to use the inside of their elbows or shirt to cover the mouth or nose. Staff and students are instructed to perform hand hygiene after handling dirty tissues.
4. Verbal communication and flyers will be used to alert staff and visitors to adhere to the proper use of PPE, specifically acceptable face coverings and their being mandated in our school. Flyers will be provided to families encouraging them to promote face coverings for their children.
 5. We will provide communications for those families who have a language other than English in their preferred spoken or written language. We have **many** bilingual staff who speak **many** different languages, besides English, to interpret and translate for our families. Written materials are translated into Spanish. For other languages, staff interpret the various communications with the families as needed.
 6. We will communicate with members of the school community with visual and/or hearing impairments via these members’ preferred methods, including verbally communicating notices for the individuals with visual impairments and using written materials or signing on a virtual format for individuals with hearing impairments.

B. HEALTH AND SAFETY

NOTE: Students and staff will return to in-person instruction only when governmental authorities permit in-person education. Additionally, any return to in-person instruction will necessitate that our Directors determine the number of students and staff allowed to return in person based on: the ability to maintain social distancing; the availability of PPE; availability of safe transportation and hospital capacity according to the NYC Department of Health and Mental Hygiene (DOHMH).

1. Families and staff will be provided resources to educate them regarding the careful observation of symptoms of COVID-19 and a health screening that must be conducted each morning before **entering** school. Families and staff will be instructed that any student or staff with a fever of 100 degrees Fahrenheit or greater and/or symptoms of possible COVID-19 virus infection should not come to school. We will use the up-to-date list of symptoms of COVID-19 on the Centers for Disease Control and Prevention (CDC). It is realized that this list is not all inclusive as some individuals may display other symptoms or none at all, but as of July 2020 the following are listed as the most common symptoms: fevers or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea. Staff will be educated to observe students or other staff for signs of any type of illness such as flushed cheeks, rapid or difficulty breathing, fatigue and/or irritability and frequent use of the bathroom. Our School Nurse or Pediatrician will assess students and staff exhibiting these signs with no other explanation for them. If one of our School Nurses is not available, ill students and staff will be sent home for follow up with a healthcare provider.
2. Health screenings, including daily temperature checks and completion of a screening questionnaire, are required for staff and visitors. Students are required to have a daily temperature check and families are asked to complete at home a daily screening questionnaire that is supplied by the school. School nurses and/or member of SW Department will contact families once a month to review and remind families about daily screening questionnaire. Anyone who has a temperature of 100 degrees F or greater or has a positive response on the screening questionnaire must be isolated from others in the Isolation Room on the 1st floor, right off the main lobby, and sent home immediately. Students will be supervised in the Isolation Room. Staff and families will be told to contact a healthcare provider and will be provided resources on COVID-19 testing if needed. Families and staff are required to notify the school about the development of symptoms or a positive response to the health questionnaire, during or outside school hours. Staff are encouraged to complete required health screenings prior to **entering** school and families are encouraged to screen their children before sending them to school. **These screenings will be completed by two trained staff at this time. At a later date, there may be an option** for staff and families to let the in-school “screener” know whether they completed screening, including temperature check, at home; families will place a green laminated circle on the student. (The laminated circles will be provided to families.) Though we prefer that the screening by the family be done prior to school **along with**

temperature checks and symptom screening being performed after arrival to school, we are aware that it may not be possible for some families. (The home environment may not be conducive to this process each morning, the family may not remember to complete the screening and/or the family may forget to display the notification of the screening.) It is not a basis to exclude a student from school if not completed at home. We will take the student's temperature at school, while encouraging and providing strategies to families to complete the temperature taking at home daily. If the bus companies are required to do a health screening of students prior to them going on the bus, we **will still** duplicate. The school can choose to take the temperature/health screening of any student or staff, even if completed at home or on the bus. ~~Initially we will take the temperature/health screening of all students, even if completed at home or on the bus.~~

Staff and students will be treated in a confidential manner and will have the screening completed as quickly as possible to maintain social distancing and to minimize time away from the classroom for the students and from work for staff. ~~As students arrive, if with parent, the "screener" will confirm that the child was screened at home and ask the family to confirm that the child does not have fever, shortness of breath or cough.~~ There should be a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing, fatigue or extreme fussiness. The "screener" will wear a face covering, ~~plastic face shield and gloves.~~ ~~If there is no physical contact with an individual, gloves do not need to be changed between screenings.~~ A non-contact thermometer will be used. The "screener" must wash hands after this task each morning. The screening questionnaire determines whether the student or staff has knowingly been in close or proximate contact in the past fourteen days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19, tested positive through a diagnostic test for COVID-19 in the past fourteen days, has experienced any symptoms of COVID-19 (including a temperature of greater than 100 degrees F) and/or has traveled internationally or from a state with widespread community transmission of COVID-19 per the NYS Travel Advisory in the past fourteen days. We are prohibited from keeping the specific temperature data but will maintain records that confirm individuals were screened and the results of such screening (e.g., yes/no). Staff and families will frequently be reminded of these requirements via emails, phone calls and written notes.

3. Any ill staff or student will be assessed by one of the School Nurses and/or Pediatrician. If none of them are available, ill students and staff will be sent home for follow up with a healthcare provider.
4. If any staff or student comes into the building with a temperature, signs of illness, symptoms of COVID-19 and/or a positive response to the health screening, he/she will be sent directly to the Isolation Room. Students will be supervised, prior to being picked up.
5. Volunteers, visitors and delivery people are not allowed entrance into our building, unless mandated by regulations or safety (e.g., fire department, repair people). Unless an emergency, family visitation will be limited. Any visitor is required to have their temperature taken and complete the health screening.
6. Written guidance will be sent to families on how to observe for signs of COVID-19 in their children that require staying home from school. This guidance will include the information that is listed on the health screening form.

7. Staff will be inserviced by the School Nurses and/or QCP Quality Assurance Department on the protocol of correct hand and respiratory hygiene. This protocol is based on the latest CDC, NYS Department of Health (NYS DOH), and NYC DOHMH regulations/guidance. Handwashing protocol signs are displayed in all bathrooms.
8. Staff will be instructed on keeping a social distance of at least six feet. Visual aids (e.g., tape markings at six-foot intervals) will be used to illustrate traffic flow into the building and by the time clocks. Signage will illustrate the directionality of the two staircases and the number of staff allowed in elevators and bathrooms. Staff will be encouraged to remind staff who may not be social distancing of the requirement to do so, or to report such violation to a supervisor or director.
9. Medically vulnerable and high-risk groups are at an increased risk for complications from COVID-19. They may need added or alternative provisions for social distancing. Students who are medically complex, who have neurologic, genetic, metabolic conditions or who have congenital heart disease are at higher risk for severe illness from COVID-19 than other students. These families should consult with their children's healthcare providers regarding prevention and needed accommodations. Students with special needs or who are medically fragile may not be able to maintain social distancing, hand or respiratory hygiene or wear a face covering. It is important for families to work with their children's healthcare providers so that an informed decision can be made on how best to meet the children's needs at school while protecting their health and safety. Our school will provide accommodations if we are able to for students who are at high risk or live with a person at high risk. If families choose not to send their children back to school, we will provide 100% remote instruction. Staff who are in a high-risk group are those: age 65 or older, pregnant, with underlying health conditions including chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised, severe obesity (body mass of 30 or higher), diabetes, chronic kidney disease undergoing dialysis, liver disease, and sickle cell anemia. These staff should consult with their healthcare provider regarding prevention. If they are requesting accommodations regarding in-person work due to concerns about their own health, they must notify the Human Resources Department. They then must comply with submitting requested information before our agency can determine if a reasonable accommodation can be made based on applicable law, regulation and the agency's needs and resources. Employees can request a reasonable accommodation if they need a change or adjustment in their job functions because of a disability (including an underlying medical condition related to COVID-19).
10. All staff and visitors must wear a face covering that covers both the mouth and nose. Face coverings are required in hallways, in classrooms, in therapy areas, in the playground, in restrooms. There will be no exceptions. All students will be (to the best extent) required to wear face coverings. We will provide face coverings to employees and students and have an adequate supply in case of need for replacement. Staff can wear their own acceptable face coverings. Bandanas are not acceptable. **Best practice is for staff to have two face coverings: one for commuting to school and one to wear on site. Masks can be stored in school in an airtight bag or container.** Face coverings are needed even if wearing face shields. Face coverings for adults are not needed when eating, if alone in a private office, if one is having trouble breathing or is unconscious. We will instruct students, families and staff on the proper way to wear face coverings and washing hands before putting on and after removing face

coverings. We will instruct families and staff on the proper way to discard disposable face coverings, the importance of routine cleaning of reusable face coverings, and face coverings are for individual use only and should not be shared.

Our young students with special needs may have difficulty to maintain social distancing and some will have difficulty wearing a face covering – though both will be (to the best extent) required. As the core function of our school is to provide special education services it is necessary to provide more hands-on direct assistance to our students that will not allow for social distancing. Staff must avoid handholding, hugging, handshaking, kissing with students. We will require face coverings for all students but many of our students due to their developmental disability and/or young age will have difficulty tolerating any face coverings. We will be providing small classrooms groupings as static as possible. The same “cohort” of students stay together with the same staff each day, with related services in designated areas for specific students. These “cohorts” limit potential exposure to the COVID-19 virus.

11. Face coverings may be challenging for our young students with special needs. Students will not wear them if they are unable to remove the face covering without assistance, when napping, when eating, or where the covering would present a challenge, distraction or obstruction to education services.
12. Our school maintains an adequate supply of face coverings for staff and students, as well as the PPE needed by our Medical Department and other specific professionals. PPE includes N95 respirators masks, face shields, gloves, and disposable gowns. Items were obtained prior to school beginning and inventory is monitored to be sure this supply is maintained. The School Nurse determines our needs, monitors our inventory and contacts known reliable vendors who are familiar with our school to fill our orders. Our agency at large also maintains face coverings and PPE, which is helpful as PPE may be difficult to obtain due to high demand. It is suggested that staff caring for students wear a large, long-sleeve shirt or smock, put long hair up off the collar and have a change of clothes on hand if needed. Routine glove use is not recommended for COVID-19 prevention. Using gloves can provide a false sense of security and studies have shown that most people who routinely use gloves remove them incorrectly, do not clean their hands after removing them or their hands picked up germs anyway. Gloves can be a source of contamination. If a wearer touches surfaces during the day while wearing the same pair of gloves, dirt and germs can be transmitted from one surface to another. Wearing gloves prevents a person from being able to clean their hands often, which is one of the most important hygiene actions to prevent the spread of COVID-19.
13. We will ask staff to be tested for COVID-19 at least seven days prior to the start of in-person services. However, participation in COVID-19 testing for staff is entirely voluntary. Staff is encouraged to opt into monthly repeat surveillance COVID-19 testing. Testing may occur at any location, but staff are encouraged to use City-run testing sites. If NYC or NYS regulations require testing for students or staff we will comply.
14. We will follow CDC and NYS DOH guidance if there is a confirmed case of COVID-19 in our school. These include, closing off areas used by the sick person and not using these areas until after cleaning and disinfection has occurred, opening windows to increase air circulation

in the area, waiting at least 24 hours before cleaning and disinfection (for safeguard of cleaning staff), cleaning and disinfecting all areas used by the person such as offices, classrooms, bathrooms, common areas. Once the area has been appropriately cleaned and disinfected, it can be reopened for use. Individuals without close or proximate contact with the ill person can return to the area and resume school activities immediately after cleaning and disinfection. To be of the utmost caution, our definition of “close and proximate” is more than ten consecutive minutes with the individual in a classroom or therapy area. For shared offices and the Medical Office, “close and proximate” is more than ten consecutive minutes without both social distancing and face coverings. NYC DOHMH will immediately be notified about any positive COVID-19 test result of our students, staff or visitors, as well as NYC DOE at 4410Oversight@schools.nyc.gov and the NYC Test and Trace Corps at CovidEmployerReport@nyche.org the Situation Room. As per NYS SED July 22, 2020 Guidance, we will provide the full name of the individual with a positive test result; program name, address, phone number; date we were informed of positive test result; and date individual with positive test result was last in our school. We will identify all close contacts. This includes all adults and children in the same static classroom as the person who has tested positive for COVID-19, and any other person who has been within six feet of the person who has tested positive for COVID-19 for at least ten minutes. We will support NYC DOHMH and NYC DOE in tracing all contacts of the individuals. They will then give guidance and direction on who is to be excluded from school. NYC DOE will share a letter template for our school to use to notify staff and families. The Test and Trace Corps will direct any individuals who test positive for COVID-19 to isolate at home and will attempt to interview all diagnosed individuals to identify close contacts. These close contacts will be directed to be tested and isolate based on their exposure. Families and staff will be alerted to a possible COVID-19 infection, and whether they were close and proximate with the infected individual. Confidentiality will be maintained as required by federal and state laws and regulations. Families and staff will be instructed to call their health care provider. If a family member in the same household of a student or staff is positive for COVID-19, that individual may not return to school for the duration of the quarantine (“close contact”). If a family member in the same household of a student or staff is being quarantined as a precautionary measure, without symptoms or a positive test result, the individual may return to school during the duration of the quarantine (“contact” of a “contact”). Determination of a full school closure will be determined in coordination with NYC DOHMH and NYC DOE. It will be determined based on the parameters, conditions or metrics (e.g., increased absenteeism or increased illness in school community) that will serve as early warning signs that positive COVID-19 cases may be increasing beyond an acceptable level. We will also close school if absentee rates impact the ability to operate safely. In addition, the Governor, Mayor and regulatory authorities can determine that schools must close.

15. We will follow CDC, NYS DOH and NYC DOHMH guidance on allowing a student or staff to return to school following a positive screen for COVID-19 symptoms, illness or diagnosis of confirmed case of COVID-19 or following quarantine due to contact with a confirmed case of COVID-19. If a person is NOT diagnosed they can return, once there is no fever without use of fever reducing medicines and he/she has felt well for 24 hours and, if he/she has been diagnosed with another condition and has a healthcare provider written note stating he/she is clear to return to school. If a person is diagnosed with COVID-19 by a healthcare provider

based on a test or their symptoms or does not get a test but has had symptoms, he/she should stay at home until: at least ten days since first had symptoms, at least three days since had a fever (without using fever reducing medicine) and at least three days since symptoms improved including cough and shortness of breath. NYS SED also requires a healthcare provider note clearing a person to return to school, negative COVID-19 testing, symptom resolution and release from isolation. ~~CDC recommendations for discontinuing isolation of those infected with COVID-19 is different from the recommendations on when to discontinue quarantine for those exposed to COVID-19. CDC recommends fourteen days of quarantine after exposure based on the time it may take to develop illness if infected. Thus, A person known to be infected could come back earlier than a person who is quarantined because of the possibility he/she is infected.~~ We follow the NYS DOH Pre-K to Gr 12 COVID-19 Toolkit guidance, except, as of now, close contacts of individuals that have tested positive for COVID-19 need to quarantine for 10 days from their date of last exposure.

NOTE: These guidelines have continued to change frequently and we will abide by the latest health information regarding needed tests, symptom resolution, and release from quarantine.

16. Our school's protocol to clean and disinfect the school follows CDC guidance. Routine cleaning with soap and water will decrease how much of the virus is on surfaces and objects, which reduces the risk of exposure. We also will use a bleach solution (one-part bleach to nine parts water) for disinfection. Disinfectants kill germs on surface and can further lower the risk of spreading infection. Bleach must be kept out of the reach of students. Soft and porous materials (e.g., area carpets, doll clothes, sand, dress-up clothes, puppets) have been removed from classrooms to reduce the challenge with cleaning and disinfecting them. Areas that are not frequently touched should be cleaned regularly and do not require additional disinfection. Frequently touched surfaces and objects that need routine disinfection include tables, doorknobs, light switches, door handles, phones, toilets, faucets, sinks, time clocks. These surfaces should be cleaned and disinfected at least daily. If the school has been unoccupied for seven days or more, it only needs the normal routine cleaning to reopen, as the virus that causes COVID-19 has not been shown to survive on surfaces longer than this time. Logs that include the date, time and scope of cleaning and disinfection must be maintained. The Teaching Assistant assigned to each classroom and therapy treatment area must keep this log for the classrooms and therapy treatment areas. The Maintenance Department must keep a log for all common areas, lobby, bathrooms, stairwells, kitchens, playground. Playgrounds require normal routine cleaning but do not require disinfection as per CDC guidance. High touch surfaces made of plastic or metal must be cleaned between classes. Cleaning and disinfection of wooden surfaces or groundcovers is not recommended. Shared equipment (e.g., balls) must be cleaned between uses. There is specific cleaning for the Medical Office: cleaning must occur after each use of cots, bathroom, Medical Office equipment (e.g., stethoscope, blood pressure cuff).
17. Conducting evacuation and lockdown drills is an important part of keeping students and staff safe in an emergency. However, to minimize the risk of spreading infection, drills will be modified. In the event of an actual emergency that required evacuation or lockdown, maintaining social distancing will not be the first priority. Evacuation drills will be on a

staggered schedule where classrooms evacuate separately rather than all at once. Appropriate distance will be kept between classes and within the class for adults. All students will participate in the evacuation drill on the same day, though at different times. If there is a hybrid in-person model, the drills will be scheduled on days as close together as possible, and being certain all students **have opportunity to** participate. Lockdown drills will also be modified, as appropriate.

18. Our school does not operate a before or after school care program
19. Nancy Glass, Director of Children’s Services and Cindy Heller, Assistant Director of Children’s Services are the COVID-19 safety coordinators for our school. They are responsible for continuous compliance with all aspects of our school’s reopening plan, as well as any phased-in reopening activities necessary to allow for operational issues to be resolved before activities return to normal or “new normal” levels.
20. **Health related considerations prior to reopening:**
 - a) Nancy Glass, Director of Children’s Services and Cindy Heller, Assistant Director of Children’s Services are the COVID-19 resource persons our school.
 - b) Visitors will not be allowed in the school, unless mandated by regulations or safety (e.g., fire department, repair people).
 - c) Families will be instructed in how to screen their children at home for signs of illness by flyers mailed home, emails and phone calls.
 - d) The health screening checklist will be sent to all families. It will be sent in English and Spanish, and verbally interpreted for any other needed languages. **At a later date,** ~~laminated green circle on a piece of yarn will be sent home to families. The child will “wear” this green circle to school if the family successfully completed the periodic health screening and daily temperature taking.~~ **At this time though, Visual health screenings will be done by our staff each morning for all children, and families are asked to do daily at home.**
 - e) We will take the students’ temperature at school. Students will have the screening completed as quickly as possible to maintain social distancing. All children will be supervised by a staff or family member. The “screener” will wear a face covering, ~~plastic face shield and gloves. If no physical contact with the student, gloves will not be changed between screenings.~~ A non-contact thermometer will be used. The “screener” must wash hands after this task each morning. We currently have sufficient number of non-contact thermometers, face coverings, plastic face shields and gloves. The School Nurse will carefully monitor our inventory and order more PPE as needed.
 - f) Students will be required (to the extent possible) to wear face coverings but the wearing of face coverings may be challenging for our young students with special needs. Students will not wear them if they are unable to remove the face covering without assistance, when napping, when eating, or where the covering would present a challenge, distraction or obstruction to education services. **For our students, face shields will be offered as another option for those who cannot/will not wear a face covering.**

- g) Our Medical Department staff must wear PPE when assessing ill students and conducting specific respiratory treatments. PPE includes gloves, N95 or face covering with face shield, gown or smock. PPE must be used when suctioning, and administering **treatments for children with asthma**. These treatments must be conducted in the Medical Office, and not in a classroom. Due to limited availability of data, it is uncertain whether aerosols generated by nebulizer treatments are potentially infectious. Metered dose inhalers with a spacer or valved holding chamber is not considered an aerosol-generating procedure. In addition, peak flow meters are not considered an aerosol-generating procedure associated with increased risk of transmitting the virus that causes COVID-19. **We will not be providing any nebulizer treatments but will be using inhalers.** Cleaning of the Medical Office must occur between uses and cleaning of the equipment should be done following manufacturer’s instructions.
- h) The room off the front lobby (formerly a Parent Waiting Room) is now our Isolation Room. **Staff will wear gowns, face shields and gloves, along with face coverings when supervising a student. The door will be kept shut and the window open.**
- i) The School Nurses will administer medication and/or nursing treatments in the 2nd floor Medical Office and 2nd floor Treatment Office.
- j) The Medical Department will use disposable equipment and supplies as much as possible.
- k) We will provide appropriate PPE to the Maintenance Department or other personnel cleaning or disinfecting at our school, if such protection is required by the manufacturer of the cleaning/disinfecting agent being used. PPE is not required for a bleach solution.
- l) Our school has a daily checklist for use by the Maintenance Department to inspect their work area and ensure that they have sufficient supplies every day (i.e., tissues, paper towels, gloves, soap, hand sanitizer, cleaning supplies, face coverings, etc.).
- m) Our school’s COVID-19 resource persons:
 - a) our school administrator familiar with the reopening plan,
 - b) will be the main contacts upon the identification of positive COVID-19 cases and be responsible for subsequent communication,
 - c) have been identified to the entire school and families and the school and families have contact information for the COVID-19 resource persons, and
 - d) have been involved in the development of the school’s reopening plan.

21. We do not have a before or after school program.

C. FACILITIES

We have rearranged our therapy treatment areas. We now have **five** treatment areas so only one or two “cohort” classrooms must share the same treatment space. We have modified our 1st floor women’s bathroom so social distancing can be maintained by only allowing usage of three toilets

and one sink. We have modified our OT/PT staff offices so only maximum three staff will be in any one office at any time. We have repurposed our 1st floor Parent Waiting Room to now be a private, enclosed Isolation Room. We have modified our front lobby so only three individuals can sit on the available seats. At nap/rest time, children will distance, be arranged head-to-toe, and wear no masks.

The staircase closer to Union Turnpike will be an “up” staircase and the staircase closer to Grand Central Parkway will be a “down” staircase; clearly marked by signage. The large elevator will be limited to two students and two staff from one “cohort” classroom, or one student with a non-classroom staff or two adults. The small elevator will be limited to one adult and one student. Staff will be encouraged to use the exterior ramp when going down from the 2nd floor to the 1st floor.

1. Our reopening plan does not include any new facilities.
2. All the changes described in response to #1 above are in compliance with fire, building, child care, 2020 NYS Uniform Fire Prevention and Building Code, State Energy Conservation Code, and any other applicable codes, regulations and legal requirements.
3. Our school’s written emergency plans for fire and evacuation drills have been modified to reflect and facilitate social distancing. There have been no changes to our plans if there is an actual emergency.
4. There are no needed changes to time management and schedules of school usage to reduce congestion and promote social distancing; this may be adjusted as necessary.
5. Classroom, therapy treatment areas and office doors will be maintained in an open position to increase airflow. These doors do not have automatic closure mechanisms and/or are not fire-rated. Safety gates will be used as needed for rooms with open doors.
6. The security guard sits behind a polycarbonate type of plastic (not Plexiglas which is flammable) “sneeze guard” separator. Clear vinyl sheeting will be used as needed in other areas.
7. All classrooms have access to hand-washing facilities. Usually two classrooms share one sink between the two classrooms, though there are other available sinks they may utilize. Each therapy treatment area has an available sink. The Medical Office has a sink across the hall from the Medical Office and one in the Treatment Room. There is a sink in all staff bathrooms.
8. Hand sanitizer dispensers have been installed by the three entrances to the school, by the two time clock machines, **in classrooms** and in the largest PT treatment area. These dispensers are in compliance with all applicable fire codes.

9. There was no need to install dividers in the school to control groups and/or manage the possibility of crowding, as we have rearranged, repurposed, modified or expanded our school space instead.
10. Our drinking fountains have been disabled in response to COVID-19. Students have access to fresh water in the classrooms via the sinks.
11. To increase ventilation and airflow, the opening of windows and doors is encouraged.
12. We are enhancing and maintaining higher efficiency air filtering due to COVID-19. We have replaced all air filters with pleated high efficiency filters. They filter about 40% more than the conventional filters we previously used. Air filters will be replaced every thirty days.
13. There has been no need to install new air purification technologies at this time.

D. NUTRITION

NOTE: *Our school is not a School Food Authority (SFA).*

1. Our lunches are provided by NYC DOE Food program. All our students have access to these meals.
2. Our school lunches are delivered to our school by NYC DOE. These lunches have always been individually packaged, and are not served family-style. The lunches will be left in our front lobby, rather than the outside “deliverer” bringing them into our school’s kitchen. The lunches will be stored in our warmers until mealtime, as per usual. Lunches will be delivered to each classroom rather than staff congregating in the kitchen to pick up the food where it would be difficult to socially distance. Our food deliverer will wear gloves. We comply with all applicable food service health and safety guidelines.
3. There are no changes to our procedures on protecting children with food allergies. (e.g., allergy lists maintained by teachers and Medical Department; posted in classrooms while maintaining confidentiality; RNs trained on the use of epi-pens.)
4. There are no changes to how (individually wrapped) and where (classrooms) food and meals for students will be served and consumed.
5. Students will eat lunch in their classrooms, socially distanced. We will position students not facing each other directly. Tables will be spaced further apart at lunchtime. For students who need to be fed, we will attempt to do so by the child’s side, rather than sitting directly in front of the child. Face shields will be used if needed.
6. There are no changes to our hand hygiene protocol during lunchtime. (e.g., students will wash hands before and after mealtime; staff will use gloves when preparing a student’s individual meal.)

7. Food/beverage sharing and family-style meals are prohibited. Families may only send in food/beverages for their own children. No food will be shared with the class or among staff (e.g., birthdays, celebrations, holidays, cooking lessons).
8. Our school receives food from NYC DOE Food program. Therefore, we are not responsible for being in compliance with the Child Nutrition Program and any other SFAs.
9. There are no changes on how we will communicate with families, including those using a language other than English, about nutrition and meal//snack issues: We will continue to send home the menus supplied to us by NYC DOE Food program.

E. TRANSPORTATION

NOTE: NYC DOE and Office of Pupil Transportation provide transportation for students with disabilities enrolled in 4410 programs. We are, however, involved in the embarking and disembarking of students. Bussing is crucial to the reopening of our school. Without bussing, we will need to be 100% remote.

1. Assigned classroom staff will retrieve their students off the school buses. They should use one of the two front entrances into the building, depending on the child's assigned floor. There must be social distancing by staff when waiting for school buses to arrive and when entering the school.
2. Classroom staff will bring their children to the buses. Classrooms will be staggered on when to leave for the busses to maintain social distancing. If a bus is late, staff/child will wait outside or in the child's classroom.
3. Arrival and dismissal times will remain the same for bussing. If families are driving their children, they will have leeway in arrival time (later) and/or departure time (earlier).
4. Depending on the bus arrival times, social distancing will increase the length of time needed for the children to arrive in their classrooms. At the end of the day, due to social distancing requirements, there will be an increase in the length of time needed for departure.
5. If families decline bussing and are transporting their children, they will need to socially distance until it is their children's turn to enter the building. At departure time, the families will need to alert the guard when they are ready to pick up their children; they will need to wait until they can retrieve their child socially distanced. Families will no longer sign their children in or out, as we do not want them using shared pens, spending more time than needed for the process or coming into the building.
6. Students will wash their hands as soon as they arrive in their classrooms.

F. SOCIAL EMOTIONAL WELL-BEING

1. Our school is committed to being a welcoming, and supportive environment. We continue with our system of positive behavior support, with a school-wide culture, positive individual behavior supports, and the goal of minimizing problem behavior for all students. Staff will continue to incorporate and implement school expectations of Be Kind, Be Safe, Be Responsible. We will build upon this strength. Our Psychology Department will provide guidance to staff and families on how social distancing and remote learning might affect the social/emotional well-being of our children and staff, and other ramifications of Covid-19. Many have experienced stressful, and for some traumatic, experiences while isolated from school, friends and community. Stress, anxiety and grief might be more prevalent. Screen time was greatly increased for our young students. Some did thrive being in close and regular proximity with family. Our staff will have to gain the trust of our new families, made even more difficult with families not being allowed into the building. Classroom staff/clinicians will nurture relationships with students and families so all have someone checking in on them regularly. Mental, social and emotional health practices will need to support both in-person and remote learning/teletherapy settings for staff, families and students. Resiliency for students, staff and families will be fostered to help prepare all for the possibility of additional transitions between in-person and remote learning.
2. Our Psychology Department (certified school psychologist and licensed psychologist) have updated our Code of Conduct, Discipline Behavior Management Approach. **Our Psychologist and Social Worker** will ~~continue to~~ virtually provide Family and Parent Counseling, individual meetings with families, and consultations with staff. Our behavioral policies will continue to be modified and evaluated as appropriate. Our positive behavioral support program relies on student data and ensures that students receive the level and type of support necessary for the students to be successful.
3. We have many staff who will be a source of expertise for staff, families and students. Our Psychology Department will provide an in-service for all staff on the stresses of COVID-19 and on how to support students during and after the ongoing COVID-19 public health emergency at the start of the school year. Written materials will be shared with families. They will provide supports for developing coping and resilience skills for students and staff. Staff will be referred to our EAP plan as needed. The Social Work, Psychology and Medical Departments will provide resources and referrals to address behavioral, emotional support, financial, food, medical needs, especially in light of COVID-19. They can identify mental health or grief counseling services to families in need of support. Families will be advised that they can connect with counselors at NYC Well, a free and confidential mental health support service. (Staff there is available 24/7 and can provide brief counseling and referrals to care in more than 200 languages (call 888-NYC-WELL or text "WELL" to 65173).) A climate of respect and dignity toward families and staff will continue. Our teachers will talk to students how the school looks different (e.g., people wearing masks, social distancing, staying in the classroom all day). They can anticipate behavior changes in some students, and watch for changes that may be signs students are struggling with stress or anxiety. Our Directors will promote a safe school environment for students and staff, and support an open atmosphere so staff and families have the opportunity to approach them with any concerns or suggestions. Staff will need to adapt to a work place

with reduced time interacting in-person with their colleagues and supervisors, and a home life of increased stressors; they will be encouraged to maintain meaningful work relationships with opportunities to connect. Directors and supervisors will reach out individually to staff about their needs, without waiting for staff to contact them. The social emotional well-being of staff, families and students must be promoted in order for learning and growth to occur.

4. Families and our school staff will be encouraged to share in decision-making and future planning to sustain a positive school climate and promote social/emotional wellness. A collaborative group met regularly in the past, and we will build on that as appropriate. We have a trauma-responsive plan for death and grieving. This guide helps to mitigate the negative impact on staff, students and others by providing support and coping mechanisms to all.
5. Our Social Work Department is responsible for providing resources and referrals for mental health, behavioral and emotional support programs, and financial services for families. They evaluate families' circumstances, children's ages, languages spoken in the home, means of payment/insurance, cultural needs, etc. to determine resources and places of referral.
6. The Psychology Department will provide professional development which will enable staff to best support students, families and staff during and after the COVID-19 public health emergency, while developing coping and resilience skills in students and staff.
7. Our Positive Behavioral Support Committee will continue to issue a quarterly Family Newsletter (The Buzz) and the Directors will continue to issue a monthly Family Newsletter (Family Notes). These written newsletters will further demonstrate that social emotional well-being and learning are priorities for our school.

G. SCHOOL SCHEDULES

1. ~~If we have a 100% in person learning model, our instructional day will be one hour less each day for the first month. This will allow students to adjust to in person learning once again and shorten the hours away from their families, as well as shorten the hours of exposure to other children and adults. This will also allow more time for professional development (especially in the area of social emotional well being), more time for cleaning, and, on some days, will shorten the hours of exposure to students and other staff.~~
2. As **many** of our students will be receiving in-person learning **as part of the hybrid plan**, most staff will be needed at school during school hours: We determined we could accommodate this capacity of staff and students after considering factors, such as our ability to maintain appropriate social distancing, mandatory face coverings, and PPE availability. All 4410 classes will have no more than twelve children; NYS DOH limit is no more than fifteen, not including staff. In addition, our in-school attendance will be reduced by the **many** children opting for remote learning. If a student is required to

quarantine, that student will be provided remote learning/ teletherapy throughout the period of quarantine. ~~We plan a reduction of one hour each day for the first month.~~

3. All staff will have the capability and resources to accommodate remote learning/teletherapy while in school. All desktop and laptop computers are outfitted with audio and video capabilities. We **have been able to** offer a **small** separate remote workforce to accommodate **remote learning**.
4. Due to contained “cohort” classrooms, most therapy occurring in the classrooms and cancellation of “specials” (gym, Social Hall, Discovery Zone, Smart Zone) congestion in hallways will be greatly reduced. Staggered schedules are not necessary.
5. Classroom and therapy “cohorts” will be used to accommodate social distancing and minimize the spread of illness throughout the school.
6. All families (returning and new) were surveyed about their choice of scheduling for the coming school year. **As of now, over ½** of families want 100% remote learning/ teletherapy, which we will provide. (Families must tell us by **January 18** if they want to resume in-person learning as of **February 1**.) **The rest** of families want to return to 100% of in-person learning **or** a hybrid schedule. If families were required to go to a hybrid schedule, five % of them wanted alternating weeks, while all others wanted a hybrid schedule of two set days per week. **Taking into account the results of the survey and our staff needs, we plan to reopen with a hybrid plan.** We will reopen safely by dividing students and teachers into distinct “cohorts” that stay together throughout an entire school day. We will have a set two-day schedule per week, the parent preference for the hybrid model. With this schedule, students will come to school on Mondays/Tuesdays or Thursdays/Fridays each week for in-person learning. Students will have five hours of instruction on each of the two days, and a class size of four to six children with three to four classroom staff. The students will have the opportunity to receive “live” remote learning three days a week: specific scheduled group video lessons in conjunction with the students attending school the other two days (e.g., circle time, group story time, small group math lesson), and remote contacts on Wednesdays. For families who do not wish to participate in these group or individual video lessons, direct phone interactions with families and email/texting correspondence will be available for them on Wednesdays. It is possible that the students will have one teacher for in-person learning and another teacher for remote learning. In those cases, collaboration between the two teachers will be required. For most students, therapy will be provided in-person **at least** one time per week, **with teletherapy as the other model.**
7. The Directors and supervisors will communicate with staff, and the classroom staff will be responsible with communicating with families, including those who use a language other than English, when schedules are determined or need to be changed/ adjusted or instruction is transitioned back to all remote: Classroom staff will use phone calls, texts and emails to reach all families.

8. By offering **hybrid** learning for most of the school, our instructional model promotes equity and access for almost all. For **those** who want 100% remote learning, they will be afforded this model; classroom staff and clinicians will need to be sure that those families will not be at a disadvantage. We hope that since the numbers of students with remote learning/teletherapy assigned to each staff will be low, these students will get the necessary attention and services. We are proud to be able to offer **two days of** in-person learning as early grades, students with disabilities and English language learners are categories of students that should be prioritized. We balanced this model with social distancing, capacity, PPE, feasibility and learning considerations. However, it should be noted, despite families' preferences, if health and safety warrant it, our school will switch to 100% remote. In addition, bussing services need to be in place to offer in-person learning. We will remain flexible.
9. If there is a substantial snow fall, we will most likely pivot to a 100% remote instructional/teletherapy day, as per the 2020-2021 School Year COVID-19 Snow Day Pilot Program. We also have the option of closing school and using a traditional "snow day." Families will be given the teachers and therapists' schedules for their children at the beginning of the snow season and will be notified if our school is closed or if we are 100% remote. In most cases, we will follow the NYC DOE lead.

H. BUDGET AND FISCAL

1. We have adjusted our internal budgeting and expanded our expense reporting to forecast, track and account for COVID-19 related expenses. We have added budgeted expense increases to account for costs due to COVID-19 and are identifying all COVID-19 related expenses on purchase orders.
2. We have investigated the possible additional revenue sources that our agency might tap into to meet the added expenses related to meeting COVID-19 related costs. We applied for the Cares Act Provider Relief fund to cover the costs of some PPE and hazard pay. We also applied for a FEMA grant to cover additional PPE costs not covered by the other grant. We have not heard whether we have been approved for either as of yet. We have applied for a PPP loan and are hoping most, if not all, will be forgiven thus not having to pay back the loan.
3. As our tuition reimbursement is insufficient to meet the additional costs of providing services during the COVID-19 emergency, some of the steps we have taken include: minimize staff hours **and positions** allowable, ongoing search for grants, current hiring freeze that will stay in place.
4. Student enrollment is crucial to the financial solvency of our school. Regular contact and good relationships are maintained with CPSE Administrators, letting them know our available openings. We try to be very responsive to CPSE Administrators' requests and quickly respond to any inquiries from families. We have provided "virtual" school visits and screenings for all interested families.

I. ATTENDANCE AND CHRONIC ABSENTEEISM

1. Staff must always document student attendance. However, for hybrid and 100% remote learning models, teachers have special directives on how to report the type of interaction with the students or their families by selecting the primary method of engagement for the day (e.g., communication with a family about their child, communication with a family with their child, teaching/team sharing activities (small or large groups preferably with Teaching Assistants' participation), families having completed activities, supporting daily routine, other participation/indirect contact, no contact.) Clinicians report attendance and type of contact in the NYC EZ Trac system. The Educational Coordinator tracks the attendance taken by the teachers; the Director tracks the attendance taken by the therapists. There is much communication between all disciplines to better promote family participation. Staff must report to their supervisors if the staff is unable to work remotely on any day. For attendance during in-person learning, there are no changes from what was previously required (e.g., staff use an electronic time clock, teachers/clinicians keep attendance cards on students.)
2. Developing/sustaining positive relationships with students/families is crucial to promote attendance and participation. Staff is very flexible in accommodating times/days for requested remote learning/teletherapy. Staff work with each family to establish scheduled times for engagement. Staff understand the various factors that might prevent good attendance and try to provide resources to alleviate some of these factors. Respect to our families remains paramount.
3. We use a variety of methods to reach out to students and their families who do not engage in remote learning/teletherapy. We use many methods of contact: calls to landline phones, calls to cell phones, texting, emailing, FaceTime, WhatsApp. We try morning, afternoon and night times, weekdays and weekends. We try moms' and dads' contact information. We mail letters and resources. When necessary, we send staff knocking on students' house doors. Staff share ideas on how to be successful with certain families. We offer a variety of video platforms. We have various staff try to reach families (e.g., maybe a family will not respond to a teacher but will respond to a speech therapist.) We try English and other preferred home languages for contacts. If consistently unable to connect with a family or student during agreed upon times, teachers reach out to each day until contact is made to better understand the reason for missed interaction and to adapt accordingly. A log is kept of all outreach and communications made to families regarding absences. For students with chronic absenteeism during in-person learning, 100% remote learning/teletherapy will be offered as an option.
4. We contact the appropriate CPSE Administrator if students are not participating in remote learning for more than three weeks, with no reason given by families. We contact the CPSE after five days of an illegal absence for in-person learning. We ask for guidance from the CPSE in these situations on how to proceed.
5. We provide outreach for poor attendance and chronic absenteeism for those families who speak a language other than English in the families' preferred spoken or written language.

We have **many** bilingual staff who speak **many** different languages, besides English, who are available to interpret and translate for our families. A bilingual staff is assigned to each bilingual family so there is an established relationship. Written materials are translated into Spanish. For other languages, staff interpret the various communications with the families as needed. The bilingual staff can do the outreach with other staff as warranted.

6. Staff are periodically reminded of their responsibility as mandated reporters to contact the NYS Central Registry of Child Abuse and Neglect hotline if they suspect child abuse or neglect. This hotline should be contacted only as a last resort though for chronic absenteeism, especially during the COVID-19 pandemic.

J. TECHNOLOGY AND CONNECTIVITY

1. At the beginning of the school year, we will survey families to determine the level of access to electronic devices and high-speed internet which students have in their homes. The survey will also question whether the student has access to the device at the time or length of time necessary to be successful in remote learning/teletherapy (e.g., due to multiple people sharing a single device.). We wish to have all systems in place **for our** hybrid **and** remote learning models. We then will seek out guidance from NYC DOE on how to proceed with any family lacking technological access. Teachers and clinicians are well aware of the technology capabilities of the families already on remote learning but we want all families to be prepared. Staff members will also be polled on their access to devices and high-speed broadband in their homes.
2. It is expected that it will remain NYC DOE's responsibility to provide devices (e.g., iPads) and internet access (e.g., hot spots) to students who do not currently have access. We will assist families with contacting and following up with NYC DOE. Our agency is prepared to provide staff with needed technology and connectivity as needed, if not available through the DOE.
3. For families who may not yet have sufficient access to devices or high-speed internet, there will be multiple ways for students to still participate in learning and demonstrate mastery of NYS Prekindergarten Learning Standards in remote or hybrid models. Phone calls, texting, emailing and written materials via the mail will be employed so that students can still participate.
4. Supervisors will offer guidance and professional development in effective practices during remote instruction and learning. Teachers will be instructed on how to do group lessons and taped videos.
5. Our IT Department is available for individual professional development and support in technology. They are able quickly to address issues and concerns. It is expected that it will remain NYC DOE's responsibility to support families who are experiencing IT issues and challenges, though our staff will also try to assist these families. A "silver lining" of this COVID-19 pandemic is the enormous growth of technology skills by our families and staff.

6. Student data privacy and security will be maintained as per federal and state laws related to student technology use.
7. Staff and families are given the option to use a multiple array of digital tools and platforms. Each family, student, staff have various preferences, depending on the computer skills, available technology and familiarity with a particular platform. There should be a streamlined number of tools though for any one family.
8. Variable access to technology and internet services in students' homes limits the equitable access for students and families during remote learning/teletherapy. It is a significant challenge. We will continue to provide multiple ways for students to participate in learning and demonstrate mastery in remote or hybrid models. In addition, our students usually need a family member to guide them with remote learning; this is not always possible. Another area needing flexibility is printing; many do not have access to a printer.

K. TEACHING AND LEARNING

1. There will be continuity in our learning plan should NYS or NYC conditions warrant moving to/from in-person, hybrid and/or all remote instruction. For example, teachers will continue the learning plan in a remote fashion utilizing face-to-face remote learning opportunities, direct phone interactions with family and student, video lessons and/or email lessons that foster opportunities for continued learning and growth.
2. Regardless of the modality used, teachers will incorporate learning activities that utilize the NYC DOE Units of Study and students' IEP goals that align and/or reference the NYS Prekindergarten Learning Standards.
3. Our school will promote equity by being sure all students have opportunities to access routinely scheduled instruction, interaction, feedback and support from teachers. Teachers will provide a variety of opportunities for families and students to access instruction such as varied timed remote lessons, small group/ large group lessons, and opportunities for direct contact with family and/or student via phone calls, video calls, texts and emails.
4. All students will have the opportunity for regular and substantive contact with teachers and clinicians, whether in-person or in a remote learning model, via in-person, phone calls, video/face to face interactions, and/or email (with family participation).
5. For all our learning models, families have consistent opportunities for engagement via phone calls, text messaging, emails, newsletters, and communication notebooks. For remote learning, families are also invited and strongly encouraged to participate on a regular basis.
6. For all our learning models, families have consistent opportunities for communication via phone calls, emails, newsletters, communication notebooks, and direct participation in

remote learning. For our bilingual families, we have bilingual staff who speak **many** different languages, besides English, to interpret and translate. Written materials are translated into Spanish. For other languages, staff interpret the various written communications with the families as needed. Interpretation is provided for communicating and learning. Families are assigned a bilingual paraprofessional to participate in remote learning/teletherapy sessions, as warranted.

7. We will provide support for our returning students whose educational experiences in 2019-2020 were disrupted due to our school's closure. These students and families will have the opportunity to utilize the school staff (individual or group), such as teachers, psychologists, therapists, administrators, to address any social, emotional or academic support that may be needed. Resources and referrals for mental health, behavioral and emotional support programs will be shared with families. Please see the Social Emotional Well-Being section of this plan for more details.
8. Returning students, when possible, will remain with the same educational staff to promote consistency and familiarity for the student and family. Pictures/videos of staff, classroom, and school will be used to help students' re-adjustment or introduction to school. We plan on having shorter instructional days for the first month of school to help with this re-adjustment or introduction period.
9. We will provide a positive school climate of safety, comfort and routine in all learning models. Teachers will continue to incorporate and implement school expectations of Be Kind, Be Safe, Be Responsible. These expectations will be introduced and taught through a variety of educational learning forums. Tools of Autonomy such as visuals, consistent routines, verbal praise, expectations, and a constant nurturing demeanor by staff will be consistently implemented.
10. Staff will share information about students' needs and responses to the in-person, hybrid and/or remote learning models. Staff have the opportunity to meet as a group via video conference to share this information. Team meetings and staffings are formal means for these discussions. Staff also communicates via phone, email and/or text messaging on a regular basis.
11. Teachers will determine students' individual strengths and weakness, knowledge, skills and needs, and social and emotional needs through observation, family input and authentic assessment strategies such as anecdotes, narratives, and work samples.
12. Our preschool students have special needs due to their disabilities and young age.
 - a) Students receive meals via NYC DOE Food program and lunches are served in individual containers. Food/beverage sharing and family-style meals are prohibited. Families may only send in food/beverages for their own children. No food will be shared with the class or among staff (e.g., birthdays, celebrations, holidays, cooking lessons). Students will eat lunch in their classrooms, socially distanced. We will try to position students not facing each other directly. Tables will be spaced further apart

at lunchtime. For students who need to be fed, we will attempt to do so by the child's side, rather than sitting directly in front of the child. Face shields will be used if needed.

- b) Each classroom has its own assigned bathroom. There are adjoining sinks for all classrooms. Handwashing will be promoted throughout the day.
 - c) At nap/rest time, children will distance, be arranged head-to-toe, and wear no masks.
 - d) Center Time will be modified to enhance social distancing and cleanliness. We will limit the number of students in each center and eliminate those centers that promote multiple students at one time such as the water table. Centers will be spaced further apart from each other. Staggered center time will be available for the students in the class. All porous or material-like materials (e.g., dress- up clothing, sand, puppets) will be removed as they are difficult to sanitize.
 - e) We will avoid students having to share materials. They will have personalized bagged materials (e.g., crayons and scissors) clearly labeled with their names. These will be used for both classroom and therapy sessions. Any shared materials will be cleaned between uses.
 - f) Our school's protocol to clean and disinfect the classrooms follows CDC guidance, along with sanitation guidelines from NYC DOHMH, NYS DOH and NYS SED. Routine cleaning with soap and water will decrease how much of the virus is on surfaces and objects, which reduces the risk of exposure. We also will use a bleach solution (one-part bleach to nine parts water) for disinfection. Surfaces will be cleaned before and after meal times, and at the end of the day. Toys, chairs, etc. will also be cleaned at the end of the day. More cleaning and sanitizing will be implemented when warranted.
 - g) Activities in the classroom will promote use of "personal space" while maintaining a positive level of interaction and socialization. It is necessary though to provide some hands-on direct assistance to our students for education, fine motor and ADL activities. Physical contact though will be discouraged. Holding hands will be limited to when necessary for safety reasons. Staff must avoid handholding, hugging, handshaking, kissing with students.
13. With remote learning, we remain cognizant about the amount of screen time that students are experiencing. We try to have "active" screen time, rather than students just passively watching screens. Teachers will provide learning activities in small and large groups, and face-to-face video lessons with emphasis on engaging activities that promote reciprocal responses. Continued learning opportunities through "at home" activities that connect to the units of study and/or the students' IEP goals will be provided to families.
14. Volunteers, visitors and delivery people are not allowed entrance into our building, unless mandated by regulations or safety (e.g., fire department, repair people). Unless an

emergency, family visitation will be limited. All communication with the families will be via phone calls, video calls, texts, emails.

15. Students will be maintained in small, preassigned, static “cohorts” for in-person and hybrid learning. This will provide the consistency of familiar teaching staff and limit potential exposure to the COVID-19 virus. In addition, clinicians will be assigned to these cohorts. Students and staff will remain in the classroom for most of the day, including mealtime. “Specials” have been cancelled (e.g., gym, Discovery Zone, Smart Zone, Social Hall, shows, school-wide assemblies).
16. We promote best practices that will facilitate high-quality remote instruction, which include: consistent family contact and communication, lessons that include face-to-face interactions, follow up “at home” lessons, and engaging routines that are similarly implemented with in-person instruction. There is regular teacher professional learning on remote instruction and many suggestions and ideas are shared at Teacher Department meetings. Our Educational Coordinator offers one-on-one supervision on remote instruction and she monitors actual remote lessons. Our agency’s IT Department is available for technological needs.
17. Students will initially be assigned to a learning model based on parent preference, as long as that model is being offered. At this time, we plan to offer a **hybrid plan** or 100% remote learning. All students will be placed in 100% remote learning if mandated by the Governor or Mayor or other legal authority, if necessitated by a COVID-19 outbreak in our school, if NYC DOE and OPT do not offer transportation services, **or if due to the 2020-2021 School Year COVID-19 Snow Day Pilot Program**. Families who select remote learning can opt for another model only at **two** set times during the school year. The **first** date will be November 1 for a November 20 switch date. **There is also a January 18 date for a February 1 switch date**. This is so the school can plan for any needed staff changes and to initiate bussing. Families can switch to remote with one-day notice.
18. We will strive to make all learning models as culturally responsive as possible. Students and families who have language preferences other than English can be accommodated in any of the learning models. Staff should remain cognizant that programming reflects social and cultural differences. Staff should provide and connect activities and lessons across cultures and be sensitive to families’ abilities, resources, languages and cultural differences. All parents have the opportunity to express their concerns, needs and expectations for their children.
19. Our learning models include:
 - a) **In-person education**:
NOTE: Students and staff will return to in-person instruction only when governmental authorities permit in-person education. Additionally, any return to in-person instruction will necessitate that our Directors determine the number of students and staff allowed to return in person based on: the ability to maintain social distancing; the availability of PPE; availability of safe transportation; and hospital capacity according to the NYC DOHMH.

Our maximum class size will be no more than the number determined by our current NYSED and NYC DOHMH approvals and any further guidance by the NYS DOH, NY SED and NYC DOHMH Article 47. We are planning for no more than nine children in some classrooms and twelve in others. (At this time, NYS DOH limit is no more than fifteen, not including staff.) In addition, our in-school attendance will be reduced by the number of children opting for remote learning. Staff numbers will range from two to four, depending on the mandated staffing ratio and the required number of 1:1 paraprofessionals; ~~we plan on a four-hour instructional day for our Special Classes and SCIS class for the first month of school. This will allow students to adjust to in-person learning once again and shorten the hours away from their families, as well as the hours of exposure to other children and adults. For staff, this will also allow more time for professional development (especially in the area of social-emotional well-being), more time for cleaning, and, on some days, will shorten the hours of exposure to students and other staff. After that first month, we plan on our usual five-hour instructional day for our classrooms.~~

At this time, this model is not being offered.

b) Remote learning:

Our remote learning plan includes utilizing individual learning opportunities, direct phone interactions with families and students, video lessons and email lessons/resources that foster opportunities for continued learning and growth. We try to have “active” screen time, rather than students just passively watching screens. Teachers will provide learning activities in small and large groups, and face-to-face video lessons with an emphasis on engaging activities that promote reciprocal responses. Continued learning opportunities through “at home” activities that connect to the units of study and/or the students’ IEP goals will be provided to families. All students will have the opportunity for regular and substantive contact with teachers and clinicians, via phone calls, video/face to face interactions, texting and/or emailing (with family participation). Any family who requests remote learning will be accommodated. Families who select remote learning can opt for another model only at **two** set times during the school year. The **first** date will be November 1 for a November 20 switch date. **There is also a January 18 date for a February 1 switch date.** This is so the school can plan for any needed staff changes and to initiate bussing. Families can switch to remote with one-day notice.

NOTE: All students will be placed in 100% remote learning if mandated by the Governor or Mayor or other legal authority, if necessitated by a COVID-19 outbreak in our school, or if NYC does not offer transportation services, or if due to participation in Snow Day Pilot Program.

c) Hybrid learning:

Hybrid sessions will have a set two-day schedule per week, the parent preference for the hybrid model. With this schedule, students will come to school on Mondays/Tuesdays or Thursdays/Fridays each week for in-person learning. Students will have five hours of instruction on each of the two days, and a class size of four to

six children with three to four classroom staff. The students will have the opportunity to receive “live” remote learning three days a week: specific scheduled group video lessons in conjunction with the students attending school the other two days (e.g., circle time, group story time, small group math lesson), and remote contacts on Wednesdays. For families who do not wish to participate in these group or individual video lessons, direct phone interactions with families and email/texting correspondence will be available for them on Wednesdays. All students will have the opportunity for regular and substantive contact with teachers and clinicians, whether in-person or in a remote learning model, via in-person, phone calls, video/face to face interactions, texting and/or emailing (with family participation). It is possible that the students will have one teacher for in-person learning and another teacher for remote learning. In those cases, collaboration between the two teachers will be required. Students, to the extent possible, will be provided with all of their therapy mandates; a student scheduled for twice a week might be provided in-person therapy one time per week and one time remotely with teletherapy.

Whether instruction is delivered in-person, remotely or through a hybrid model, there are opportunities for instruction that are accessible to all students. These opportunities are aligned with NYS standards and include routine scheduled times for students to interact and seek feedback and support from their teachers.

Families can contact the school, teachers and clinicians with questions about their instruction and/or technology. Staff share their email addresses and phone numbers at the beginning of the school year and whenever is necessary. The Directors are also available to all families by email or by phone. Their information is included on most written materials and in the Parent Handbook.

NOTE: There will be modifications to this plan as guidance changes and the COVID-19 situation evolves. Quickly adapting from one model to another as the need arises is key.

L. CAREER AND TECHNICAL EDUCATION

NOTE: Career and technical education do not specifically apply to our 4410 program.

M. ATHELETCS AND EXTRA CURRICULAR ACTIVITIES

NOTE: Athletics and extra-curricular activities are not part of our 4410 program.

N. SPECIAL EDUCATION

1. Our students receive a free appropriate public education (FAPE) that is designed to meet their unique special education and related service needs. This continues to be our charge, regardless of the students’ service delivery model. Our reopening plan, designed in consideration of the health, safety and well-being of our students, families and staff, allows the successful transition between in-person, remote and hybrid learning models to ensure the provision of FAPE.

2. Staff, as appropriate, have copies of students' IEPs, which document the programs and services provided to each student. CPSE Administrators provide the families with copies of their children's IEPs. We meaningfully engage families in their preferred language or mode of communication regarding the provision of mandated services to their children to meet the requirements of IDEA. We have **many** bilingual staff who speak **many** different languages, besides English, who are available to interpret and translate for our families. Written materials are translated into Spanish. For other languages, staff interpret the various communications with the families as needed. A bilingual staff member is assigned to each family and this individual is available to participate in remote learning/teletherapy with the teacher and clinicians.
3. We continue to work collaboratively with CPSE Administrators, both our specifically assigned ones and the other ones serving Queens and nearby areas of Brooklyn. We work collaboratively with CPSEs regarding the provision of services to our students to meet the requirements of IDEA. Monthly contact is made to each CPSE Administrator about any available openings in our school. We share the variety of settings we offer to ensure there is an understanding of the provision of services consistent with recommendations on IEPs and plans for monitoring and communicating student progress. We timely submit all necessary paperwork (e.g., quarterly progress reports, complete packets for students in need of an annual or requested reviews.) We utilize the CPSE Administrators as a source of information and resources (as they do with us). Collaboration is vital for the students when requesting bussing accommodations or additional health supports. During this time of working from home, communication never stops. Due to established personal relationships over the years, there has been no hesitancy to share personal contact information (e.g., numbers for home landlines, cell phones and texting) between CPSE Administrators and our school liaisons.
4. Our reopening plan ensures access to the necessary accommodations, modifications, supplementary aids and services and technology (including assistive technology) to meet the unique disability related needs of our students. This can be a challenge when a student is 100% remote. For example, due to a NYS financial decision, the provision of 1:1 paraprofessionals is discontinued for the remote learning model. We are proud that we have bought, mailed and brought over various materials, toys, equipment, books, art supplies, grocery deliveries, etc. to our students' homes to assist with the needs of our students. We have arranged for vendors to assist with wheelchairs, bath chairs and orthotics.
5. As stated previously, we have many bilingual resources due to our multilingual staff. We have interpreters and translators able to document the programs and services offered and provided to our students with disabilities in families' preferred language or mode of communication:
6. We continue to work with CPSEs to discuss and prepare contingency plans to address a student's remote learning needs in the event of future intermittent or extended school closures, as necessary or appropriate.

7. We are proud that our reopening plan prioritizes in-person services to the greatest extent possible for our high-needs students with disabilities by offering a fully in-person learning model.
8. Our staff continues to monitor the progress of students, regardless of the service delivery model, and uses that information to evaluate the effectiveness of the students' special education services. Our staff are well trained in data collection and log notes documentation. They are able to inform parents of their children's progress on a regular basis. Quarterly progress reports continue, as evidenced by two cycles of review since the beginning of the COVID-19 closure. This monitoring of progress, even more important now in determining whether and to what extent the school closure and each learning model impact students' learning.
9. There are some changes and/or supplements to our methods of student data collection due to changing student needs and the period of remote instruction. There will continue to be variations in the students' experiences across the different instructional models and platforms. During hybrid and remote learning models, families are more active participants, providing valuable information to staff about their children's needs and progress, which the staff then include into the students' log notes and data. Ongoing monitoring is more collaborative.
10. Families highly regard the related service provision in their children's program. There are challenges and advantages for each of the learning models. Modifications are needed across all models. For in-person learning, there are fewer choices of assigned clinicians for any one student as we are planning for static "cohorts." Therefore, some children will have a change in therapist from the previous year. We have many more treatment areas, with each area not able to accommodate the variety of equipment we usually offer. The clinicians will need more time to clean and disinfect between students, though we plan to provide extra staff to assist with these tasks. Positively, these cohorts will elevate the collaboration between classroom staff and therapists, with the expected result of more carry-over of therapy goals across the day. For the remote model, therapy sessions may be shorter or fewer due to the limited amount of screen time a student can successfully tolerate or due to family situations. Obviously, there is no "hands on" therapy, which is often so important for our students with motor and feeding concerns. Positively, the families are an integral and active participant in all therapy sessions, allowing for more carry-over in the daily activities in the home. Families can better understand the therapists' goals and methods by seeing each actual treatment session. For the hybrid model, the benefits and challenges of the other two models are inherent. In addition, if a student is absent on an in-person learning day, they may miss a full week of in-person therapy. It will be challenging to accommodate more than two therapies in any one discipline. However, whatever model, our therapists are passionate and knowledgeable related service providers, able to be flexible and creative in their considerations and approaches.
11. Scheduling of related services will be a challenge. We plan to assign (for the most part) one speech therapist, one physical therapist, and one occupational therapist to each classroom. This is the best way to protect the integrity of student cohorts and "contain"

any outbreak of illness if it occurs. In addition, speech therapy and most occupational therapy sessions will be within the classroom. This will also contain the spread of illness (e.g., less walking in the hallways.) Physical therapy will be provided in treatment areas where the same one or two classrooms are assigned. There are the added challenges of scheduling for our part-time therapists and for our therapists **who need translators for their sessions with families**. We are committed to the health and safety of our students and staff so are up to the task.

O. BILINGUAL EDUCATION AND WORLD LANGUAGES

1. The 2019-2020 COVID-19 crisis was extremely challenging for all students, but created particular difficulties for our most vulnerable students, including English Language Learners (ELLs). We also support students who receive mandated services in English but who live in homes with a preferred language that is not English. (For purposes of this section, we include both these categories of students, by using the initials of “ELL” and the phrase “bilingual families.”) We remain mindful of legal requirements and will try to address inequities by:
 - providing support and instruction to families regarding the use of technology in their preferred language of communication,
 - providing supports needed to close the potential learning loss that may have been a result of the school closures due to COVID-19,
 - affording ELLs the opportunity for full and equal participation across the three learning models, considering their unique needs and strengthening the home language and supports necessary for English language development using synchronous and asynchronous learning, and
 - maintaining regular communication with families of ELLs and bilingual families to ensure that they are engaged in their children’s education during the reopening process.
2. We will give consideration to ELLs for our reopening plan by:
 - ensuring that all teachers receive professional learning on topics related to the use of technology and hybrid or remote learning strategies,
 - utilizing progress monitoring tools to provide data that identifies gaps in student learning in English and the home language,
 - actively engage students to assess their need for social-emotional well-being that address the unique experiences of ELLs and those from bilingual homes,
 - alerting NYC DOE of all ELLs and other vulnerable students who cannot access technology and Wi-Fi needed for remote learning, and

- including interpretation and translation resources to families to support the logistics and functionality of remote/hybrid learning, and to provide equitable access to critical information about their children's education.

We are proud that our reopening plan prioritizes in-person services to the greatest extent possible for our high-needs ELL students and students from bilingual families by offering a fully in-person learning model. We will continue to keep the unique needs of the ELL and bilingual families in mind and provide support and guidance during a remote or hybrid model to ensure that these families have equitable access to information.

- 3 Regular communication with families of ELLs and bilingual families is offered in their preferred spoken or written language. Our bilingual professionals provide instruction in the ELL's home language. We strive to assign our bilingual professionals also to our students who live in bilingual homes. Our solely English-speaking professionals jointly navigate the virtual platforms with a bilingual interpreter during special education and therapy sessions for our students of bilingual families. These students have an assigned bilingual paraprofessional to provide consistency and familiarity for families. As previously noted, we have **many** bilingual staff who speak **many** different languages to interpret and translate for our families. Written materials are translated into Spanish. For other languages, staff interpret the various communications with the families as needed.
- 4 We provide training for staff to promote an understanding of bilingual education, use of home language and the linguistically diverse needs of ELLs and students from bilingual families. We will add the challenges they potentially face due to the COVID-19 closure in these trainings. Our bilingual special educator regularly shares information and ideas through peer assistance, meetings, in-services, consultation and handouts with the teachers, related service providers and paraprofessionals serving our ELL students and students from bilingual homes. She conducts two workshops yearly for our teachers and speech therapists and two workshops yearly for the paraprofessionals on bilingual issues. She shares best practices to implement culturally responsive education, to leverage the home language in instruction. She is a respected and knowledgeable teacher, who is easy to approach and to seek guidance. She visits the ELL students in their classrooms at a minimum of every few months, or more frequently if the need arises. She provides written and verbal child-specific advice, and attends team meetings and staffings when any of these ELL students are discussed.
- 5 Our school uses progress monitoring tools to facilitate the monitoring and collection of student performance data, to inform and develop instruction and accelerate learning. Teachers determine students' individual strengths and weaknesses, knowledge, skills and needs, and social and emotional needs through observation, family input and authentic assessment strategies such as anecdotes, narratives, and work samples.
- 6 We aim to strengthen the family/school partnership and communication with ELL and bilingual families. As stated in this section, we have many bilingual staff available for translating and interpreting, and train our monolingual English staff and bilingual staff who work with the ELLs and students of bilingual families. Resources provided to our families

on how to access technology and remote learning will be shared with our bilingual families in their preferred languages.

P. STAFFING AND HUMAN RESOURCES

1. All our staff currently hold a valid certification/license appropriate to their service assignment.
2. Certifications and licenses are verified by the Directors by using the internet-based tools made available by NYSED.
3. There will be staffing changes and challenges. We are currently recruiting for a bilingual Spanish speech pathologist with the appropriate certification, license and extension. This recruitment would always be difficult, but it is even more so during this time. We anticipate that there will be delays in the security checking process by NYC PETS and NYS SCR. In addition, we may have more hiring needs if there are staff who become ill with COVID-19 or request accommodations due to COVID-19.
4. We will not be making “incidental” teaching assignments during the 2020-2021 school year. (That is, after an extensive and well-documented unsuccessful recruitment, a teacher can be given an “incidental” assignment for no more than ten classroom hours per week to allow an otherwise unqualified teacher teach a subject which is not covered by their certificate.)
5. Substitute teachers may have an important role to play upon reopening, if there are extensive or protracted staff absences or in certain staff intensive instructional models that blend remote and in-person learning. Our school will undertake robust recruitment efforts to identify and process qualified substitutes if the need arises. In the 2020-2021 school year, as permitted by NYSED, if qualified substitute teachers cannot be engaged, individuals with a high school diploma or equivalent, even those not working toward certification can first be engaged for up to ninety days and then beyond the first ninety-day period through the end of June, 2021, as long as our Director documents and attests that recruitment efforts did not identify a fully qualified substitute teacher. Our Director must attest to the shortage of qualified recruits initially and then at the end of the first ninety-day period. Recruitment efforts will be extensively documented.
6. Staff members who are requesting an accommodation from reporting for in-person work due to concerns about their own health must notify the Human Resources department and then comply with submitting requested information before our agency can determine if a reasonable accommodation can be made based on applicable law, regulation and the agency’s needs and resources. Employees can request a reasonable accommodation if they need a change or adjustment in their job functions because of a disability (including an underlying medical condition related to COVID-19), pregnancy or pregnancy-related medical condition, domestic violence or stalking, or to enable religious observance.

7. The teacher and principal evaluation system is not applicable since 4410 is not subject to the specific laws and regulations regarding professional evaluation cited in the NYSED guidance.
8. Unfortunately, our school will not be able to welcome student teachers during the 2020-2021 school year to participate with in-person and/or remote instruction. We are not permitting visitors in our building and our staff have many additional responsibilities and stressors due to the COVID-19 pandemic.

We look forward to a challenging but meaningful school year.